

BASIC GUIDELINES FOR DIABETES CARE

PHYSICAL AND EMOTIONAL ASSESSMENT

Blood Pressure, Weight (for children, add height; plot on growth chart) Every visit. Blood pressure target goal <130/85 mmHg (children: <90 th pctl age standard). Children: normal weight for height (see standard growth charts).

Foot Exam (for adults) Thorough visual inspection every “diabetes visit”; pedal pulses, neurological exam annually.

Dilated eye exams Type 1 (Insulin-Dependent Diabetes Mellitus): 5 years post diagnosis, then every year by a trained expert. Type 2 (Noninsulin-Dependent Diabetes Mellitus): shortly after diagnosis, then every year by a trained expert.

Depression Probe for emotional/physical factors linked to depression annually; treat aggressively with counseling, medication and/or referral.

LAB EXAM

HbA1c

Quarterly, if treatment changes or is not meeting goals; 1-2 times/year if stable. Target goal <7.0% or <1% above lab norms; children, modify if necessary to prevent significant hypoglycemia.

Microalbuminuria (Albumin/Creatinine Ratio)

Type 1: 5 years post diagnosis, then every year.

Type 2: begin at diagnosis, then every year.

Blood Lipids (for adults)

On initial visit, then annually for adults. Target goals: cholesterol, triglycerides (mg/dL) <200; LDL<130 unless CHD, then <100; HDL>35; Non-HDL cholesterol <160 unless CHD, then <130.

SELF-MANAGEMENT TRAINING

Management Principles and Complications

Initially then annually: assess knowledge of diabetes, medications, self-monitoring, acute/chronic complications, and problem-solving skills. Each visit: screen for problems with and barriers to self-care: assist patient to identify achievable self-care goals. Children: appropriate for developmental stage.

Self Glucose Monitoring

Type 1: typically test 4 times a day; Type 2 and others: as needed to meet treatment goals.

Medical Nutrition Therapy

Initial: assess needs/condition, assist patient in setting nutrition goals. Follow-up: assess progress toward goals, identify problem areas; by a trained expert.

Physical Activity – Assess patient initially; prescribe physical activity based on patient’s needs/condition initially and in follow-up visits.

Weight Management – Must be individualized for patient; initially and in follow-up visits.

INTERVENTIONS

Preconception Counseling and Management Consult with high risk perinatal programs where available (e.g., “Sweet Success” Regional Perinatal Programs of California). Adolescents: special counseling advisable, beginning with puberty.

Pregnancy Management – Consult with high risk perinatal programs where available.

Aspirin Therapy – (81-325 mg/day) in adults as primary and secondary prevention of CHD, unless contraindicated.

Smoking Cessation – Screen, advise, and assist; initially, then annually.

Vaccinations – Influenza and Pneumococcal, per CDC recommendations.

Dental Exams – At least twice yearly